

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/436146	FILING DATE	11-9-99
APPLICANT(S)			

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
3	/			
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49				
50				
TOTAL IND.	2			
TOTAL DEP.	24	↓	↓	↓
TOTAL CLAIMS	26			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			↓			↓		
TOTAL DEP.			↓			↓		
TOTAL CLAIMS			↓			↓		